

Accord Housing Association Limited

Meadowyrthe

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

Meadowyrthe is a residential care home providing personal care to 36 people aged 65 and over at the time of the inspection, some of whom were living with dementia. Meadowyrthe supported people across four separate households, each of which has separate adapted facilities. The service can support up to 41 people.

People's experience of using this service and what we found

People were not always supported to have their needs met by staff in relation to pressure relief and personal care in a timely and consistent way. There were not sufficient staff to meet people's needs in a flexible and meaningful way based on people's preferences.

People were not consistently supported to receive their medicines as prescribed by staff who understood how to administer medicines safely. Medicines records did not always contain clear guidance for staff to follow in relation to 'as required' medicines.

People were not consistently supported to have maximum choice and control of their lives. Despite this, staff supported people in the least restrictive way possible and in their best interests. However, the systems in the service did not always support this practice as people's records had not always been completed.

People's care files did not consistently contain accurate and up to date information to enable staff to meet their needs. People had access to healthcare professionals. However, staff did not consistently follow professional guidance to ensure people received safe care.

People were not consistently supported to make choices around their meals and how to spend their time. People were not supported to access regular meaningful activities.

People were not always supported in a caring way which respected their dignity. We made a recommendation that the management team review their systems to ensure people receive care which promotes their dignity.

Quality assurance tools were not effective at identifying where improvements were required at the service. The management team had not ensured systems were effective at sustaining quality and improvement.

People were supported by staff who understood safeguarding and made referrals to the safeguarding team where required. People were supported by safely recruited staff. People were supported to maintain their independence.

People knew how to complain and the registered manager acted on people's concerns. People found the registered manager approachable. The registered manager sought and shared people's feedback about the

service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Published 10 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, consent, person centred care and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Meadowyrthe

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Meadowyrthe is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. People living at the service were not all able to communicate with us at length therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight members of staff including the registered manager, deputy manager, care workers, domestic staff and the chef.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked quality assurance records. We spoke with two healthcare professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Using medicines safely; Staffing and recruitment

- Risk assessments did not consistently contain clear guidance for staff to follow to ensure risks to people were reduced. For example, there was not always guidance on how often people required support with pressure care to maintain their skin integrity. This placed people at increased risk of pressure areas developing.
- Where risk assessments did contain guidance, staff did not consistently follow this. For example, one person's risk assessment advised staff were to ensure they were always observing the person when they were in communal areas. During the inspection we saw there were long periods of time where staff were not present with the person in the communal areas.
- People's equipment was not consistently clean. For example, we saw people's equipment such as slings and cushions were soiled with food and there was no clear system in place for cleaning people's personal equipment.
- People's care files did not consistently contain personalised fire risk assessments for staff to follow in the event of a fire.
- Staff signed for medicines they had not administered. For example, staff signed for creams they had not applied. Whilst people told us they received their creams and staff assured us people's creams were administered by other staff, we could not be assured staff understood the principles of administering medicines safely.
- Medicines records did not consistently contain protocols where people were prescribed medicines 'as required' to ensure they received these safely. One professional told us, "Medicines can be a problem. I visited a person who was constipated and I arranged for medicines to be prescribed and delivered. A couple of days later I checked back but staff advised they had not received these. When I looked further it was locked into a cupboard." This meant a person had not received medicines they were prescribed and staff had not followed this up with the professionals involved.
- We received mixed feedback on staffing and during our inspection we saw people's basic care needs were not always met. One person told us, "I think there are enough staff. They are always there when I need them." One relative told us, "There's not enough staff, not all the time. If two carers are needed to take someone to the toilet, there's no one on the shop floor."
- Staff were not always able to be flexible in their approach and did not have time to sit with people. For example, one lounge was unattended for long periods throughout the day. One professional told us, "I always feel that Buttercup Unit is understaffed. This has been going on for some time. People should always have staff in the lounge to support them."

Systems were either not in place or robust enough to demonstrate safety was effectively managed and people were protected from harm. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider acted immediately during our inspection to ensure all people's care files contained personalised fire risk assessments and risk assessments for people we had raised concerns about were updated. Following the inspection the management team ensured all PRN protocols were in place.

- Systems were in place to ensure suitable staff were employed and the relevant checks were completed. Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.
- We saw the provider had systems in place to monitor and review the safety of people's equipment. For example, we saw hoists had been serviced.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the management team and actions were taken to reduce the risk of reoccurrence. For example, following people experiencing falls the management team referred them to the falls prevention team.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and able to raise concerns with staff. One person told us, "It is safe. They (staff) are always here".
- Staff received training in safeguarding and understood the different types of abuse and how to report them. One staff member told us, "I would report any concerns to a senior."
- Where safeguarding concerns had been raised we saw they had been reported to the local authority safeguarding team and investigations had been completed by the management team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team had not ensured they had a sufficient understanding of the MCA as they were not aware people required decision specific capacity assessments. For example, people did not have capacity assessments where they had bedsides or motion sensors. Despite this, we found people were supported in the least restrictive way and the registered manager had involved people, their families and professionals in decisions around their care. This meant our concerns were in relation to records and training and not people's care.
- Where people were not able to make decisions themselves, best interest meetings took place with people who knew them well and professionals. However, these were not always recorded within people's files.

We found no evidence that people had been harmed however, people's capacity had not consistently been assessed and best interests decisions were not always recorded. This placed people at risk of harm of their rights not being promoted and protected in line with the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At our last inspection we found whilst people's needs were met their records were not always updated and this meant that staff supporting people may not have the current information. At this inspection we saw guidance from professionals continued to not be consistently updated in people's care files. For example, one person's care plan had not been updated since April 2019 and contained outdated guidance on how to support the person to receive their diet. Despite this, people received support to eat and drink as staff knew people well. For example, we saw staff sitting with people during meal times and giving people assistance.

- People were not always supported to choose what they wanted to eat. For example, we saw staff did not consistently offer people choice at breakfast and lunchtimes. The management team advised people chose their meals the day before from a menu and the chef had developed pictorial menus to support people living with dementia to make an informed decisions. However, we did not see these being used during our inspection.
- Staff did not consistently take action where people had experienced rapid weight loss. For example, one person had unintentionally lost over seven kilograms in a month and staff had not taken any action to address this, such as seeking advice from medical professionals. This placed them at risk of continued unexplained weight loss.
- Staff had not consistently taken action where people had not drunk sufficiently. For example, we saw two people had taken reduced fluids over a period of a week. One person's care plan advised staff should contact the GP if they had not taken 800mls of fluids in 24 hours. Another person advised staff should refer to professional guidance, however this did not contain clear instructions for staff to follow. We saw staff had not taken action to ensure these people did not become dehydrated.
- People's needs were assessed prior to and during them receiving support. However, support was not always offered in line with evidence-based guidance as during our inspection two people were left for prolonged periods of time without pressure relief and personal care. This placed them at risk of skin breakdown and discomfort.

People's needs were not consistently met, records were not always updated to reflect professional guidance and staff did not always take action where people were at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection the provider responded immediately to ensure professional guidance was sought where we had raised concerns around people's diet and fluid intake and weight loss. The provider also updated people's care files where we had raised concerns.

- We received positive feedback about the food. One person told us, "We do enjoy the food."
- People's sexuality, gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.
- People were supported to access equipment and technology to promote their independence. For example, people had motion sensor mats in place to alert staff when they needed support and reduce the risk of them falling.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care professionals where they required. For example, people's skin integrity was reviewed by the district nurses where staff had concerns. However, staff did not consistently follow professional guidance.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to seek guidance on people's changing needs. For example, Staff worked alongside speech and language therapists where people were at risk of choking. Despite this, care plans were not always updated to reflect people's changing needs.

Adapting service, design, decoration to meet people's needs

- The provider was making improvements to communal areas within the service. However, there were multiple areas of the home which required updating and maintenance. For example, there was a leak in a communal lounge and paint and plasterwork was chipped in places. The registered manager told us they

were taking action to improve the premises. We will check this at our next inspection.

- The home was spacious and had multiple communal areas. Some bedrooms had ensuite shower rooms and people were able to personalise their bedrooms if they wished to. There were gardens which were accessible and lifts for people unable to use the stairs.

Staff support: induction, training, skills and experience

- Staff completed an induction and training to help them meet people's needs. One staff member told us, "The training is very good and very thorough I do enjoy it."
- Staff received supervision and appraisals. One staff member told us, "We talk about further training, our development, any issues at work or at home. The seniors are very approachable."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's dignity was not consistently respected by staff. For example, during our inspection we saw two people who required staff support to access the toilet were not offered support for a prolonged period of time. This compromised their dignity. We discussed this with staff who were unable to confirm when these people had last received support. We reviewed these people's records however these had also not been completed.
- People, and where they wished, their relatives were supported to make decisions regarding their care. For example, the registered manager had bi monthly reviews to discuss people's care. However, we saw actions were not always taken to ensure people's decisions were put into practice. For example, it was important to a person that they had a vest on at all times to maintain their dignity and wellbeing. During our inspection we saw this person was not wearing a vest.

We recommend the provider consider current guidance on ensuring people are treated with dignity and respect and take action to update their practice accordingly.

- People were supported to maintain their privacy. For example, staff closed doors and curtains whilst providing personal care.
- People are encouraged to maintain their independence. For example, we saw staff encouraged a person to eat independently with staff support.
- People were supported to maintain relationships which were important to them. One relative told us, "Staff are kind and caring. I can come and go whenever I want to – no one's ever stopped me. I'm made welcome and I can make myself a cup of tea."
- People's right to confidentiality was respected and records were stored securely.
- Information was displayed in communal areas about accessing external health professionals and community organisations for people to use if they wished to.

Ensuring people are well treated and supported; respecting equality and diversity

- We received mixed feedback on whether people always had time to speak with staff in a meaningful way. One person told us, "[Staff] are always there when I need them." One staff member told us, "I'd like to spend more time with people but I'm rushing around all over the place." Whilst we saw staff offered people short periods of reassurance when they were upset we did not see staff consistently offer people meaningful support which helped reduce their distress.

- We could not be assured staff consistently treated people with compassion and care as people did not always receive timely care which met their needs. Despite this, people told us they were fond of the staff. One person told us, "I like the staff here, I like them a lot."
- Staff were knew about people's backgrounds and life histories. One person told us, "Staff know me well."
- Staff had received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now stayed the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had access to information in a variety of different formats on people's request. However, we saw this was not consistently used to help people make informed decisions around their care.
- People were not consistently supported to follow their interests and take part in meaningful activities. Whilst we saw people had visited the pub with staff and listened to music there were no regular personalised activities for people to engage with and enjoy. One person told us, "Sometimes it gets a bit boring. I get up first and do a lot of cleaning – there's not much else to do." We raised concerns around the lack of activities at our last inspection. At this inspection we found insufficient action had been taken to improve and sustain this.
- People were not consistently offered time and choices by staff. Some people living at the service had dementia and required additional support to encourage them to make informed day to day choices such as what they would like to eat or how they would like to spend their time. We saw staff did not always ensure people had the information or time to support them to make informed decisions.
- People had end of life care plans in place however these did not explore comprehensively how people wished to be supported and what was important to them at the end of their lives. This meant we could not be assured people consistently received end of life care which respected their wishes as these were not always understood by staff.

Systems were either not in place or robust enough to demonstrate people were offered genuine choice by staff and were supported to access meaningful activities. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had personalised care plans which contained details of their preferences. For example, when people liked to wake up and go to sleep.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to complain. One relative told us, "If there is anything I tell the (Staff) and they sort it out immediately."

- The provider had a complaints policy in place and we saw complaints had been responded to in line with this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. The management team had not ensured care delivered was of high quality.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place but not operated effectively to monitor and assess the quality of the service, to drive improvements and to ensure compliance with the regulations. For example, we raised multiple concerns with the registered manager which had not been identified prior to our inspection and found the service to be in breach of regulations related to the MCA, person centred care, safe care and treatment and the governance of the service.
- The registered manager had not ensured there was a system in place to drive and sustain improvements at the service. For example, we had raised concerns around people's records not containing up to date information at our previous inspection. At this inspection we saw no action had been taken to implement and sustain improvements in this area. This placed people at significant risk of harm from consistent failure to identify and respond to people's changing needs and risks.
- Quality assurance tools had failed to identify where advice from healthcare professionals had not been included in people's care plans. This meant staff did not consistently have clear, up to date guidance detailing how they should meet people's needs. This placed people at increased risk of choking, skin breakdown and compromised their dignity.
- Audits had not ensured adequate action had been taken to safeguard people where they were at risk of dehydration and weight loss. This placed people at increased risk of harm.
- Quality assurance tools had not identified where people did not have protocols for 'as required' medicines in place. We also found people had protocols for medicines they were no longer prescribed. This meant people were at risk of not receiving their medicines as they were prescribed and may have resulted in people experiencing unnecessary discomfort.
- Quality assurance tools had not identified where people's care files did not contain clear guidance for staff to follow in the event of an emergency. This placed people at increased risk in the event of an emergency as staff may not have known how to offer people safe support.
- The management team had not ensured people consistently received person centred care which respected their dignity. This meant people were not supported in a way which respected their choices and ensured they felt comfortable.
- The management team had not assured they understood the principles of the MCA as they were not aware people required decision specific capacity assessments completed for motion sensors being in place.

During this inspection we found systems were either not in place or robust enough to identify and sustain improvements to the quality of care at the service. This placed people at risk of harm. This was a breach of

regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the registered manager sent notifications to the Care Quality Commission (CQC) and relevant authorities as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought regular feedback from people and their families during reviews. However, we saw actions had not always been taken to act on the feedback received to ensure care was provided in a meaningful, person centred way.
- Staff were given the opportunity to offer feedback during staff meetings.
- Quality assurance surveys were given to people and relatives to obtain their views about the service. We saw that comments received from these surveys were positive.

Working in partnership with others

- We received mixed feedback from professionals. One professional told us, "Sometimes staff are not aware I am coming even if I have called and made an appointment." Another professional told us, "Staff are willing to work with me and I have spoken to the management team who are really keen on trying to improve things."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not consistently promote a positive and inclusive culture as staff did not feel they were always able to meet people's needs within their time of work. One staff member told us, "We will go without breaks to make sure they have everything they need."
- People and their relatives offered positive feedback about the registered manager. One relative told us, "The managers are very approachable."
- The management team worked with us during the inspection to address areas of immediate concern we have raised.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood by the registered manager and met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were not consistently offered care which was person centred and based on their preferences. People were not always offered choice at meal times and how to spend their time. People did not have regular access to meaningful activities.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People's did not have decision specific capacity assessments and best interests decisions recorded.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The management team had not consistently taken action to ensure people received their medicines in a safe way and records were accurate and up to date. Staff had not consistently taken action where people were at risk of dehydration or had experienced weight loss. The management team had not ensured people consistently received timely support which respected their dignity in relation to pressure relief and personal care.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance tools had not effectively identified where people's records were not complete or contained up to date information. Quality assurance tools had not identified where people's records did not contain guidance from professionals. Quality assurance tools had not identified where improvements at the service were required to staff's knowledge and understanding of medicines and record keeping. There was no system in place at the service to sustain improvements.</p>

The enforcement action we took:

Notice of proposal to impose a condition on the provider's registration.